MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4	/		/				54						
5		/		/			55						
6		/		/			56						
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8	/		/				58						
9	/						59						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓	5	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	6	←	7	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	10		12				TOTAL CLAIMS						